

**SUMMARY FORM****COLLECTIVE BARGAINING AGREEMENT**  
**PUBLIC SECTOR / NON-POLICE & NON-FIRE****Section I: Agreement Details**

Public Employer: Lower Cape May Regional School District County: Cape May  
 Employee Organization: Lower Cape May Regional Education Association Employees in Unit: 156  
 Base Year Contract Term: 7/1/2013 6/30/2014 New Contract Term 7/1/2014 6/30/2017  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

		Column A <b>Base Year - Total Costs</b> (Last Year of Previous agreement)	Column B <b>New Base Year - Total Costs</b> (First Year of Successor agreement)
<b>Section II: Economic</b>			
Item 1 .....	Salary	\$10,852,611	\$11,338,062
Item 2 .....	Increment		
Item 3 .....	Longevity		
Item 4 .....	Coaches/Extracurric Stipend	\$430,339	\$430,339
Item 5 .....	Savings-Dir10 to Dir15 HB		-\$123,449
Item 6 .....	Savings-Bereav. & Crit. Illne		-\$7,027
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items list on separate sheet	Additional Items		
<b>Section III: Totals</b> - Sum of costs in each column		\$11,282,950 (Total)	\$11,637,925 (Total)

**Section IV: Analysis of new successor agreement** **NEW AGREEMENT ANALYSIS**Total Base Year(previous agreement) \$11,282,950

Effective Date (m/d/yyyy)	7/1/2014	7/1/2015	7/1/2016			
Percent Increase .....	3.15	3.04	3.87			
Total cost of increase ..	\$354,975	\$354,206	\$464,156			
Total base salary (successor agreement) .....	\$11,637,925	\$11,992,131	\$12,456,287			

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement)	<u>3.35</u>
Dollar Impact (average per year over term of agreement)	<u>\$391,112.00</u>

**Section VI**

<u>Health Insurance (Indicate costs associated on each line)</u>		Base Year	Year 1			
Cost of Health Plan .....		\$2,052,899	\$2,105,264			
Employee Contributions .....		\$322,443	\$467,351			
Prescription .....						
Dental .....						
Vision .....						

**The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.****Section VII**

Prepared by: Mark Mallett Print Name Mark Mallett  
 Signature Mark Mallett Date: 12/8/2014